



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		Ferry Service		
Department Contract Administrator or Grant Coordinator:		William Geary		
(If applicable) Department Reference #:		CSN46805		
Amount: (Contract/Amendment/Grant)		\$ 250,000	Advantage CT / RQS #:	20240617000000003725
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	9/1/2024	Effective Date:	N/A
	Previous End Date:	12/31/2024	New End Date:	N/A
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Seaward Services, VC0000270346 203 W 1ST STREET STE A NEW ALBANY, IN 47150		
Brief Description of Goods/Services/Grant:		Contracted Mariner Support		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input checked="" type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input checked="" type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.



PART III: SUPPLEMENTAL INFORMATION	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	Additional money is required due to the need for mariner services. An RFP will be coming online shortly to make this a longer contract for mariner services for the Ferry Service.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	This Vendor was selected for the emergency contract as they have extensive resources for this type of work.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The prices were agreed to and approved at the start of the contract. Prices will remain the same.
4. Describe the plan for future competition for the goods or services.	An RFP will be going out tentatively in September 2024

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.</i>	
<input checked="" type="checkbox"/> The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.	

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	William Pulver, C.O.O.	Date:	8-26-2024
Signature of DAFS Procurement Official:	DocuSigned by:  <small>BE7E88806EFD419...</small>		
Typed Name:	Sherri Brooker	Date:	9/11/2024